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TO: United States Patent Office
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FROM: Donald J. Pochopien
Reg. No. 32,167 USER ID:8133

DATE: June 1, 2005

FAX NO.: 703/746-9195

CLIENT: 1915

MATTER: 13971US03

Number of Pages This Transmission (Including Cover Page): 10

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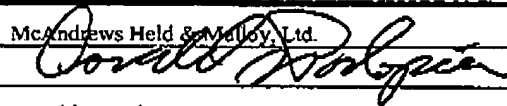
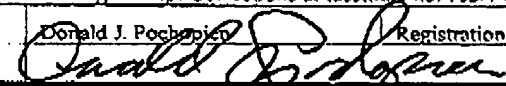
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/722,205	
		Filing Date	11/25/2000	
		First Named Inventor	Grooms, et al.	
		Art Unit	3738	
		Examiner Name	Bruce Edward Snow	
Total Number of Pages in This Submission		9	Attorney Docket Number	RTI 1041B/1914-13971US03
ENCLOSURES (check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input checked="" type="checkbox"/> Request For A Corrected Filing Receipt with the following Exhibits A and B attached thereto: A) Corrections to Filing Receipt; B) Second Request For Revocation Of Prior Powers Of Attorney, Appointment of New Attorneys And New Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		
		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm	McAndrews Held & Melloy, Ltd.			
Signature				
Printed Name	Donald J. Pochopien, Reg. No. 32,167			
Date	June 01, 2005			
CERTIFICATE OF FAX TRANSMITTAL				
I hereby certify that this correspondence is being sent via facsimile to the United States Patent and Trademark Office, Office of Initial Patent Examinations Filing Receipt Corrections at facsimile no. 703/746-9195 on 06/01/2005.				
Name (Print/type)	Donald J. Pochopien	Registration No. (Attorney/Agent)	32,167	
Signature		Date	06/01/2005	

ATTORNEY DOCKET NO. RTI 104 IB /1915-13971US03

**IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE**

In the Application of:

Grooms, *et al.*

Serial No.: 09/722,205

Filed: November 25, 2000

For: "Intervertebral Spacers"
(As Amended)

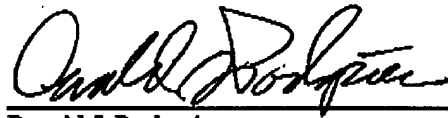
Group Art Unit: 3738

Examiner: Bruce Edward Snow

CERTIFICATE OF FACSIMILE

I hereby certify that this paper (and all papers referred to herein) are being filed by facsimile with the U.S. Patent Office's OFFICE OF INITIAL PATENT EXAMINATION'S FILING RECEIPT CORRECTIONS, at facsimile telephone number 1-703-746-9195 on this date:

June 01, 2005



Donald J. Pochopien
Registration No. 32,167
Attorney for Applicants

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REQUEST FOR A CORRECTED FILING RECEIPT

Office of Initial Patent Examination's Filing Receipt Corrections
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The Applicants first request that the "Domestic Priority Data" on the attached Official Filing Receipt of 04/15/03 (Exhibit A) be corrected to reflect the priority data that was claimed in the amendment to the Official Action of 07/07/03, which claim of priority was approved in the Official Action of 02/18/04 at page 2.

Specifically, please correct the "Priority data" on page 1 of the Official Filing Receipt by adding the following claim of priority and inserting in its place the following claim of priority:

THIS APPLICATION IS A CONT OF INT PCT/US98/17769, filed 08/27/1998
WHICH IS A CIP OF USSN 08/920,630, filed 08/27/1997 ABN

In addition, the Applicants have filed by mail on 06/18/04 a **Second Request for Revocation of the powers of attorney and appointment of new attorneys.** [Exhibit B]. Please update the top of page 1 of the Official Filing Receipt by deleting the name of the prior attorneys of record and inserting in their place the following:

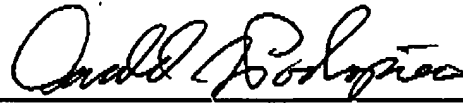
Donald J. Pochopien
McANDREWS, HELD & MALLOY, LTD.
Citicorp Center, 34th Floor
500 West Madison Street
Chicago, Illinois 60661

For these reasons, a corrected filing receipt is in order and respectfully requested.

Respectfully submitted,

McANDREWS, HELD & MALLOY, LTD.

By:



Donald J. Pochopien
Registration No. 32,167
Attorney for Applicants
500 West Madison Street, 34th Floor
Chicago, Illinois 60661
(312) 775-8133

Date: June 01, 2005

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